

# OUTBOUND SHIPMENT FORM

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First & Full Middle Name) (Navy Full SSN) (MMDDYYYY)  
SERVICE: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Dependents:  Yes  No #that's under 12 \_\_\_ #that's over 12 \_\_\_ Tour Type: Accompanied/Unaccompanied Unit: \_\_\_\_\_  
Type of Orders (circle all that applies): PCS W95 ERD RET TAD Other: \_\_\_\_\_

## PICK UP INFORMATION

Requested Date: HHG \_\_\_\_\_ Estimated Weight: \_\_\_\_\_ Military Pro Gear (Yes/No) weight: \_\_\_\_\_  
Requested Date: UB (Express) \_\_\_\_\_ Estimated Weight: \_\_\_\_\_ Military Pro Gear (Yes/No) weight: \_\_\_\_\_  
Spouse's Pro Gear:  Yes  No Estimated Weight: \_\_\_\_\_ Profession: \_\_\_\_\_  
Does your shipment contain a motorcycle(s)?  Yes  No If yes, # of motorcycles: \_\_\_\_\_  
Pickup Address (where you live now): \_\_\_\_\_

E-mail Address to receive shipment info. 1): \_\_\_\_\_ 2): \_\_\_\_\_  
Name of POA (Origin/Destination): \_\_\_\_\_ Phone Number (POA): \_\_\_\_\_  
Email of POA: \_\_\_\_\_ Additional Pickup: Yes No  
If Yes, Address: \_\_\_\_\_ (Circle one: HHG or UB)

## MANDATORY IN-TRANSIT INFORMATION

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

## DESTINATION INFORMATION (NEXT DUTY STATION/ HOR/ HOS)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

## ADDITIONAL INFORMATION

### INITIAL ALL:

- \_\_\_\_\_ It is the member's responsibility to provide DMO with all necessary paperwork 10 working days prior to scheduling Pack/pick up dates.  
\_\_\_\_\_ It is the member's responsibility to provide DMO with all motorcycle/ POV paperwork 10 days from setting up the pack up.  
\_\_\_\_\_ It is the member's responsibility to notify DMO at least 48 hours in advance for any shipment or scheduling changes.  
\_\_\_\_\_ If you are not present for pick up an attempted pick up charge will be assessed to you according to Rate Solicitation.  
\_\_\_\_\_ **Failure to attend the scheduled DMO appointment will constitute in the cancellation of my pack out dates, and that I will be required to complete and submit a new worksheet.**  
\_\_\_\_\_ **Failure to notify any change made at Pre-move survey w/ local agent without DMO knowledge may result in no change in the pack out.**  
\_\_\_\_\_ I HAVE READ AND UNDERSTAND ALL THE REQUIREMENTS / INFORMATION LISTED ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DMO INITIALS: \_\_\_\_\_

DMO Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pre-Move Survey Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Pack / Pick Up - HHG Date: \_\_\_\_\_ Time: \_\_\_\_\_ UB Date: \_\_\_\_\_ Time: \_\_\_\_\_

\* ALL DMO APPT ARE LOCATED AT BLDG 411 3RD FL LIBRARY COMPUTER LAB  
\* MUST CREATE ACCOUNT 24-48 IN ADVANCE TO ATTEND DMO CLASS  
\* WWW.MOVE.MIL